PTO/SB/05 (03-01) Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0032

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PATENT APPLICATION

Attorney Docket No. First inventor

IRA	NSMITTAL	Title Gos and Leguell - well From that he therwaste to.							
(Only for new nonprovision	nel applications under 37 CFR 1.53(b))	Express Mail Label No. ET141501619US							
APPLICA	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents							
See MPEP chapter 600 cond	eming utility patent application contents								
Fee Transmittal Fe	orm (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or							
Applicant claims a	diplicate for fee processing) rnail entity status.	Computer Program (Appendix)							
See 37 CFR 1.27.		Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)							
3. Specification (preferred arrangement	[Total Pages [9]]	a. Computer Readable Form (CRF)							
- Descriptive title	of the invention e to Related Applications	b. Specification Sequence Listing on:							
	arding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or							
	iquence listing, a table,	i i. 🔲 paper							
- Background of	program listing appendix the Invention	c. Statements verifying identity of above copies							
- Brief Summery - Brief Description	of the Invention in of the Drawings (If filed)	ACCOMPANYING APPLICATION PARTS							
- Detailed Descri		Assignment Papers (cover sheet & document(s))							
- Claim(s) - Abstract of the	Disclosure	37 CFR 3.73(b) Statement Power of							
15-74		10. (when there is an essignee) Attorney							
4. X Drawing(s) (35 U	I.S.C. 113) [Total Sheets	11. English Translation Document (If applicable)							
5. Oath or Declaration	Total Pages Z	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations							
a. Newly exect	uted (original or copy)	13. Preliminary Amendment							
b. Copy from a	prior application (37°CFR 1.63 (d)) tion/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)							
<u> </u>	ION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (If foreign priority is cleimed)							
	stament attached deleting inventor(s) the prior application, see 37 CFR	18 Nonpublication Request under 35 U.S.C. 122							
1.63(d)(2)	and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35							
6. Application Data	Sheet. See 37 CFR 1.76	or its equivalent. 17. Other:							
		pply the requisite information below and in a preliminary amendmen							
or in an Application Data She	BEE UNGER 3 / CFR 1.75; Divisional Continuation-in-part (CIF	M of sales and leader to							
Prior application information:	Exeminer	') of prior application No.:							
For CONTINUATION OR DIVIS	IONAL APPS only: The entire disclosure of	the prior application, from which an oath or declaration is supplied unde							
		inuation or divisional application and is hereby incorporated by reference rectantly omitted from the submitted application parts.							
	19. CORRESPONDENCE ADDRESS								
Customer Number or Ber Co	ode Laber	or Correspondence address below							
Name	Scotland Stive	LV5							
	P.O. BOX 241								
Address		**************************************							
City	Superior	State WI Zip Code 54380							
Country	11110111	elephone Fax							
Name (PrintiType)	Scotland Stivers	Registration No. (Attorney/Agent) No. A.,							
Signature	Brothing Stive	Date Vuly 21, 200							
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

(\$)635,00

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	ScotLund Stivers				
Examiner Name					
Group Art Unit					
Attorney Docket No.					

METHOD OF PAYMENT	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge	3. AE	DITIO	ON/	VL FE	ES			
indicated tees and oradit any overpayments to.		Larg		Sma				
Account Number	Fae	Entit	y Fee	Entk Foe	y Fee Description	Fan Paid		
Deposit	Code		Code		res pescription	100100		
Account Name	105	130	205	65	Surcharge - late filling fee or ceth			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127	50	227	25	Surcharge - tate provisional filing fee or cover sheet			
Applicant claims ameli entity status.	139	130	139	130	Non-English specification			
366 37 CFR 1.27	147 2	2,520	147	2,520	For filing a request for ex parte reexamination			
2. Payment Enclosed: Check Credit card Money Other	112	920*	112	920°	Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1	1,840*	113	1,8401	Requesting publication of SIR after Exeminer action			
1. BASIC FILING FEE	115	110	215	55	Extension for reply within first month			
Large Entity Small Entity	116	390	216	195	Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117	890	217	445	Extension for reply within third month			
101 710 201 355 Utility filling fee 35500	118	1,390	218	895	Extension for reply within fourth month			
106 320 206 160 Design filing fee	128 1	1,890	228	945	Extension for reply within fifth month			
107 490 207 245 Plent Sing fee	119	310	219	155	Notice of Appeal			
108 710 208 355 Reissue filing fee	120	310	220	155	Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121	270	221	135	Request for oral hearing			
100 725 600	138	1,510	138	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 355 (\$)	140	110	240	55	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - unintentional			
Extra Claims below Fee Paid	1	1,246	242		Utility issue fee (or raissue)			
Total Claims IV -20** = 0 X = Nove	143	440	243	220	Design issue fee			
Cleims 10 -3 - 7 X 40 = 1.80=	144	600	244	300	Plant issue fee			
Multiple Dependent	122	130	122	130	Petitions to the Commissioner			
Large Entity Small Entity	123	50	123	50	Processing fee under 37 CFR 1.17(q)			
Fee Fee Fee Fee Description	126	180	126	180	Submission of Information Disclosure Stmt	<u> </u>		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	140	710	249	355	(37 CFR § 1.129(e))			
109 80 209 40 ** Reissue independent dems over original patent	140	/10	249	300	For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissus claims in excess of 20	179	710	279	355	Request for Continued Examination (RCE)			
and over original patent	169	900	169	900	Request for expedited examination of a design application			
SUBTOTAL (2) (5) 2 850			Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Redu	iced b	y Basi	ic Filing	Fee Paid SUBTOTAL (3) (5) No	NE		

SUBMITTED BY						Complete (# applicable)		
Name (Print/Type)	Scotlun	d5tivers	Registration No. (Attorneyl Agent)	N.A.	Telephone			
Signeture	Deothund	_estivere_			Date	74/12/2001		

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